

HCBS WAIVERS

WAIVER TYPE	Autism	TA	HI / TBI	PRTF-CBA Psychiatric Residential Treatment Facility
ELIGIBILITY GROUP ALL Programs require EES determination of financial eligibility for Medicaid	Time of diagnosis through 5 years of age Diagnosis of an Autism, Asperger's, or PDD-NOS Meet functional eligibility Eligible for State Mental Health institution KBH screening if < 21	Children under 21 Dependent on mechanical ventilators /Need intravenous administration of drugs / nutritional substances Not eligible for Medicaid unless HCBS budgeting is used KBH screening if < 21	Age 16 through 64 Have external traumatically acquired non-degenerative, structural brain injury resulting in residual deficits and disability KBH screening if < 21	Children 4-18 ;under 4 if age exception is approved by the SRS Division of Disability and Behavioral Health Services, Mental Health. Also exception process for youth over the age of 18 applying for the PRTF waiver for the first time. A youth may remain on the waiver until their 22 nd birthday as long as they continue to demonstrate the need and meet clinical and financial criteria. Seriously Emotionally Disturbed Meets Level of Care for admission to a Psychiatric Residential Treatment Facility KBH screening if < 21
SCREENING	Preliminary Autism Application is sent to the HCBS/Autism Program Manager	Approved Medicaid enrolled provider who assesses social and health needs of child, who without provision of waiver services would be hospitalized	Authorized case managers using Uniform Assessment Instrument (UAI) and TBI Addendum	Community Mental Health Centers (CMHC) completes PRTF screen, which will serve as the clinical eligibility tool as well as the Child Behavior Checklist (CBCL) or Child and Adolescent Functional Assessment Scale (CAFAS). A Child is eligible for the waiver when they are being discharged from a PRTF. The child will need a CAFAS upon discharge from the PRTF.
MONTH ELIGIBLE FOR A MEDICAL CARD*	Assessment Date	Assessment Date	As approved by Program Manager	As approved by the wrap around team.
DATE HCBS PAYMENT BEGINS*	Assessment Date	Assessment Date	As approved by Program Manager	As approved by the wrap around team.

*IF HCBS SERVICES BEGIN 2 MONTHS AFTER THE ASSESSMENT, CHOICE OR PROGRAM MANAGER APPROVAL, THE CONSUMER WILL NOT RECEIVE AN HCBS MEDICAL CARD UNTIL THE MONTH HCBS SERVICES WILL ACTUALLY BEGIN. Example: Individual assessed 7/31 and services will begin 9/5, the consumer will be eligible for an HCBS medical card the month of September and date HCBS payment begins will be 9/5.

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CASE MANAGEMENT	Do not have case management but an Autism Specialist	Nurse Providers monitored by Community Supports and Services	Case Management Entities	CMHC
DISABILITY DETERMINED SSA, DDS or PMD TIER 1	N/A	Child: recommend	Adult: required	N/A
SERVICES (provided in addition to regular Medicaid services)	Consultative Clinical & Therapeutic Services (Autism Specialist) Intensive Individual Supports Parent Support/ & training Family Adjustment Counseling Respite Services *Functional Eligibility Specialist a contracted services	Respite Care Case Management Attendant Care In-home Nursing Support Home Modifications	Personal Services Assistive Services Rehabilitation Services (physical therapy, occupational therapy, cognitive rehabilitation, behavior, speech therapy) Transitional Living Skills PERS/Installation Sleep Cycle Support Oral Health *Targeted Case Management is available through the Medicaid State Plan	Wraparound Facilitation Independent Living/Skill Building Services Parent Support and Training Short Term Respite Care Professional Resource Family Care Attendant care Employment Support Community Transition Support *Targeted Case Management is available through the Medicaid State Plan

Use the ES-3160/3161 to communicate with the SRS eligibility worker and HCBS case manager. Eligibility workers can add the HCBS case manager to the KAECSSES ADAD screen if a release is signed by the consumer. This would allow the HCBS case manager to receive the same notices as the consumer.